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Examiner: Dhirubhai R. Patel Group: 2831
Fax #703-872-9306

FROM: John F. Salazar, Reg. No. 39,353

DATE: August 19, 2004

PAGES: 10 in total (including cover sheet)

RE: U.S. Patent Application No. 10/635,126
Attorney Docket No. ZM466/03003 (desa)

Remarks: This facsimile is a response to the Office Action
having a mailing date of March 2, 2004.

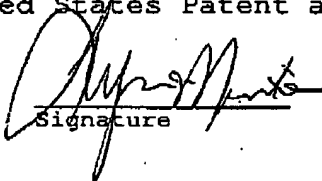
Enclosed is:

- (1) Transmittal Form;
- (2) Amendment A;
- (3) Extension of Time;
- (4) Fee Transmittal Form;
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,126
	Filing Date	08/08/2003
	First Named Inventor	CORNETT
	Art Unit	2831
	Examiner Name	PATEL
	Attorney Docket Number	ZM466/03003
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)											
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FACSIMILE TRANSMITTAL FORM									
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